

**DECLARATION FOR NOMINATION**  
**Supreme Court: Chief Justice, Justice**  
**13-14-112, MCA**

To the Honorable Secretary of State of the State of Montana, and to the Electors of the State of Montana:

I, the undersigned citizen of the United States of America and resident of the State of Montana, declare pursuant to Section 13-14-112, Montana Code Annotated, that I am a candidate for nomination without political affiliation for the office of \_\_\_\_\_ of the Supreme Court of the State of Montana at the primary nominating election to be held in said state on June 3, 2008, and for such purpose do affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named, and that:

1. My full name as it is to appear on the ballot is:\_\_\_\_\_
2. My mailing address is:\_\_\_\_\_
3. City, State and Zip Code\_\_\_\_\_ Phone: Home \_\_\_\_\_ Work\_\_\_\_\_
4. My e-mail address is: \_\_\_\_\_ My website address is:\_\_\_\_\_
5. I submit herewith the statutory filing fee of \$\_\_\_\_\_.

*Candidate must sign and acknowledge below in the presence of a Notary Public if mailed, or in the presence of the Secretary of State or deputy if delivered in person.*

DATE \_\_\_\_\_, 20\_\_\_\_  
(Signature of Candidate)

STATE OF MONTANA )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, personally appeared the above named candidate, known to me or proved to me to be the person whose name is subscribed to the above declaration, and acknowledged to me that he/she executed the same.

SEAL

Notary Public for the State of Montana

Printed Name of Notary Public

Residing at \_\_\_\_\_

My Commission Expires\_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_

Deputy (if not notarized)

Submit this form to the Secretary of State, PO Box 202801, Helena, MT 59620-2801, with the required fee.

**FOR  
OFFICE  
USE ONLY**

Filed on \_\_\_\_\_ under document number \_\_\_\_\_ for  
Secretary of State, by \_\_\_\_\_, Deputy or Filing Officer.